

**MANUFACTURED HOUSING INSTALLATION APPLICATION**  
**NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS**  
SFN 58353 (04/05)

**CERTIFIED INSPECTOR**

**APPLICATION FOR INSTALLATION AUTHORIZATION,  
INSPECTION, AND INSIGNIA**

Date of Application \_\_\_\_\_

**INSTALLER INFORMATION: CHECK ONE AND FILL OUT THAT SECTION ONLY**

<input type="checkbox"/> Owner Installation			<input type="checkbox"/> Registered Installation		
Owner Name			Registered Installer ID Number		
Mailing Address			Name		
			Phone	Fax	Cell
Phone	Fax	Cell	Owner's Name		

**LOCATION INFORMATION**

Approximate Set Date	Site Address
County	

**UNIT INFORMATION**

Dealer's Name	Dealer's Phone	HUD Label
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Inspection Fee	Insignia Fee (per insignia)	Total
Name on Check	Check Number	Insignia Number
Insignia Installed	Inspector	

**NOTIFY CERTIFIED INSPECTOR IN ADVANCE FOR INSPECTION**